

\_\_\_\_\_**CONSERVATION DISTRICT**

**VALUE OF DONATED EQUIPMENT USE**

*RETAIN FOR AUDIT*

\_\_\_\_\_  
PROJECT NAME AND NUMBER

\_\_\_\_\_  
CONSERVATION DISTRICT

\_\_\_\_\_  
DONOR

DATE	TYPE & SIZE OR EQUIPMENT	TOTAL HOURS OF USE	HOURLY RATE (CURRENT FAIR MARKET RATE)	VALUE OF DONATION (HRS OF USE X HOURLY RATE)	EQUIPMENT OPERATOR SIGNATURE

\_\_\_\_\_  
TOTAL VALUE OF DONATION

\_\_\_\_\_  
VERIFYING OFFICIAL SIGNATURE

\_\_\_\_\_  
DATE

*Retain for audit –*

*Send copy to: Division of Conservation Districts*

*901 S. Stewart Street #5004*

*Carson City, NV 89701*

*Phone- (775) 684-2760 Fax- (775) 684-2761*